

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2012-49
RAPE VICTIMS COUNSELING CENTER NOTICE

REVISED JULY 1, 2013

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Rape Victims Counseling Center Notice (RVCN) program. The amended Parameters and Guidelines (P's & G's) are included as an integral part of the claiming instructions.

On July 22, 1993, the Commission on State Mandates (CSM) adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, the CSM approved the amendments to the P's & G's to update the "boilerplate language" clarifying source documentation requirements and record retention language as requested by the SCO.

Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

Reimbursement Claim Deadline

Claims for the **2012-13** fiscal year may be filed by **February 18, 2014**, without a late penalty. **Claims filed more than one year after the filing date will not be accepted.**

Penalty

- **Initial Claims**

When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561, subdivision (d)(3).

- **Annual Reimbursement Claim**

When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty, pursuant to GC section 17568.

Minimum Claim Cost

GC section 17564, subdivision (a), provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Therefore, all

documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Claim Submission

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**.

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

If you have any questions, you may e-mail **LRSDAR@sco.ca.gov** or call the Local Reimbursements Section at (916) 324-5729.

Adopted: 5/26/94
Amended: 12/19/96
Amended: 1/29/10

Amendment to Parameters and Guidelines

Penal Code Section 264.2, Subdivisions (b)(1) and (b)(2)

Penal Code Section 13701

Statutes 1991, Chapter 999

Statutes 1992, Chapter 224

Rape Victims Counseling Center Notice

05-PGA-41 (CSM-4426)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

I. Summary of Mandate

The provisions of Penal Code section 264.2, subdivisions (b)(1) and (b)(2), as added and amended by Statutes 1991, chapter 999, and Statutes 1992, chapter 224, and Penal Code Section 13701, as amended by Statutes 1991, chapter 999, require local law enforcement agencies to: reprint existing "Victims of Domestic Violence" cards with new information to assist rape victims, furnish a rape victim with a "Victims of Domestic Violence" card, obtain victim consent to notify a local rape victim counseling center, notify the victim-selected center, and subject to the approval of the victim and upon the treating hospital's request, verify whether the local rape victim counseling center has been notified.

II. Commission on State Mandates Decision

At its July 22, 1993, hearing, the Commission on State Mandates determined that the provisions of Penal Code section 264.2, subdivisions (b)(1), and (b)(2), as added and amended by Statutes 1991, chapter 999, and Statutes 1992, chapter 224, and Penal Code section 13701, as amended by Statutes 1991, chapter 999, impose a reimbursable state mandated program by requiring local law enforcement agencies to notify the local rape victim counseling center when the victim is transported to a hospital for examination and the victim approves of that notification; subject to the approval of the victim and upon a request from the treating hospital, to verify whether the local rape victim counseling center has been notified; to revise the "Victims of Domestic Violence" card by adding information to assist rape victims, and to furnish a rape victim with a "Victims of Domestic Violence" card.

III. Eligible Claimants

Any city or county which incurs increased costs as a result of the subject state mandates is eligible to claim reimbursement of those costs.

IV. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Statutes 1991, chapter 999, was approved by the Governor on October 13, 1991 and became operative on January 1, 1992 and Statutes 1992, chapter 224, was approved by the Governor on July 14, 1992 and became effective operative on January 1, 1993.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for the state subject mandates was filed by the County of Los Angeles on December 29, 1992. Therefore, costs incurred for Statutes 1991, chapter 999, on or after its operative date of January 1, 1992, and costs incurred for Statutes 1992, chapter 224, on or after its effective operative date of January 1, 1993, are eligible for reimbursement.

Pursuant to Government Code section 17561, actual costs for one fiscal year shall be included in each claim, and estimated costs for the subsequent year may be included on the same claim, if applicable.

If total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

V. Reimbursable Activities and Related Costs

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of Mandate

Local law enforcement agencies shall be reimbursed for the increased costs which they are required to incur to: reprint existing "Victims of Domestic Violence" cards with new information to assist rape victims, furnish a rape victim with a "Victims of Domestic Violence" card, obtain victim consent to notify a local rape counseling center, notify the victim-selected local rape counseling center, and subject to the victim's approval and upon the treating hospital's request, verify whether the local rape victim counseling center has been notified.

B. For each eligible claimant, the following one-time costs and continuing costs are reimbursable:

1. Reimbursable One-Time Costs

- a. Costs of updating policies and procedures to conform with the special requirements of Chapter 999, Statutes of 1991 and Chapter 224, Statutes of 1992.
- b. Costs of modifying existing record-keeping systems to provide reliable and timely retrieval of verification information required by Chapter 224, Statutes of 1992, but not to exceed \$2,000.

2. Reimbursable Continuing Costs

- a. Costs of reprinting the existing "Victims of Domestic Violence" card to add information, relating to rape victim services, required by Chapter 999, Statutes of 1991, but not to exceed one reprinting per fiscal year.
- b. Law enforcement's road officer, clerical, and dispatcher costs required to: request each victim's consent to notify a rape counseling center, each time alleged violation(s) include at least one violation of Penal Code section 261, 261.5, 262, 286, 288a, 289, alleged separately or in combination with other violations; furnish a rape victim with a "Victims of Domestic Violence" card; record, file, and/or data-process state mandated information; and, provide hospital verification whether the local rape victim counseling center has been notified, upon the consent of the victim.

VI. Claim Preparation and Submission

One-time costs and continuing costs that are reimbursable are limited to:

A. Employee Salaries and Benefits

- 1. For one-time costs and reprinting costs described in part V, paragraph B, 2 (a), show the name of the employee involved, the classification of the employee, state mandated functions performed, number of hours devoted to the function, productive hourly rates and benefits.
- 2. For continuing costs, excluding reprinting costs described in part V, paragraph B, 2 (a), unit costs must be claimed for each specified victim, based upon the following standard times:
 - a. 10 minutes - road officer's time related to the subject state mandates
 - b. 4 minutes - clerical duties related to recording, filing, and/or data processing
 - c. 2 minutes - dispatcher's time related to hospital verification

Each standard time is multiplied by the average productive hourly rate, including applicable indirect cost as specified in part VI, paragraph D herein, for road officers, clerical staff, and dispatchers assigned state mandated duties, and, the results totaled to obtain a reimbursable unit cost. Such reimbursable unit cost is

then multiplied by the total number of reported incidents regarding alleged violations described in part V, paragraph B, 2 (b), above.

B. Services, Equipment and Supplies

Allowed only for one-time costs and reprinting costs described in part V, paragraph B, 2 (a). Claimed expenditures must be identified with a direct cost reimbursable activity resulting from the subject state mandates. List the cost of materials or equipment acquired which have been consumed or expended specifically for the purposes of the subject state mandates.

C. Contract Services

Allowed only for one time costs and reprinting costs described in part V, paragraph B, 2 (a). List costs incurred for contract services for the subject state mandates. Contracting costs are reimbursable to the extent that the function performed requires special skills or knowledge that is not readily available from the claimant's staff. Use of contract services must be justified by the claimant.

D. Allowable Overhead Cost

Allowed for one-time costs and for continuing costs. Cities and counties have the option of using 10% of direct labor as indirect costs or preparing a departmental Indirect Cost Rate Proposal. If the city or county elects to prepare an Indirect Cost Rate Proposal, the Proposal must be prepared in accordance with Office of Management and Budget Circular A-87 (OMB A-87).

VII. Record Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter¹ is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VIII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of the subject statutes must be deducted from the costs claimed. In addition, reimbursements for the subject state mandates received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim.

IX. State Controller's Office Required Certification

¹ This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

| | | | | |
|--|-------|--|--------------------------------------|-----------------------------|
| RAPE VICTIMS COUNSELING CENTER NOTICE CLAIM FOR PAYMENT | | | For State Controller Use Only | PROGRAM 127 |
| (19) Program Number 00127 (20) Date Filed (21) LRS Input | | | | |
| (01) Claimant Identification Number | | | Reimbursement Claim Data | |
| (02) Claimant Name | | | (22) FORM 1, (03) | |
| County of Location | | | (23) FORM 1, (04) 1. a. (e) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 1. b. (e) | |
| City | State | Zip Code | (25) FORM 1, (04) 2. a. (e) | |
| | | Type of Claim | (26) FORM 1, (04) 2. b. (e) | |
| | | (03) (09) Reimbursement <input type="checkbox"/> | (27) FORM 1, (06) | |
| | | (04) (10) Combined <input type="checkbox"/> | (28) FORM 1, (07) | |
| | | (05) (11) Amended <input type="checkbox"/> | (29) FORM 1, (09) | |
| Fiscal Year of Cost | | (06) | (12) | (30) FORM 1, (10) |
| Total Claimed Amount | | (07) | (13) | (31) |
| Less: 10% Late Penalty (refer to attached Instructions) | | | (14) | (32) |
| Less: Prior Claim Payment Received | | | (15) | (33) |
| Net Claimed Amount | | | (16) | (34) |
| Due from State | | (08) | (17) | (35) |
| Due to State | | | (18) | (36) |
| <p>(37) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Signature of Authorized Officer</p> <p>_____</p> <p>Type or Print Name and Title of Authorized Signatory</p> </div> <div style="width: 45%;"> <p>Date Signed _____</p> <p>Telephone Number _____</p> <p>E-Mail Address _____</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(38) Name of Agency Contact Person for Claim</p> <p>_____</p> <p>Name of Consulting Firm / Claim Preparer</p> </div> <div style="width: 45%;"> <p>Telephone Number _____</p> <p>E-mail Address _____</p> <p>Telephone Number _____</p> <p>E-mail Address _____</p> </div> </div> | | | | |

| | | |
|------------------------------|---|------------------------------|
| PROGRAM 127 | RAPE VICTIM COUNSELING CENTER NOTICES CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|------------------------------|---|------------------------------|

- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Not applicable.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form 1, (04) 1. a. (e), means the information is located on Form 1, line (04) 1. a., column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, date signed, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification. (Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 700
 Sacramento, CA 95816**

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|---|--|-----------------------------------|----------|------------------------|-------------------------|-------|
| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE CLAIM SUMMARY | | | | FORM 1 | |
| (01) Claimant | | (02) Fiscal Year 20___ / 20___ | | | | |
| Claim Statistics | | | | | | |
| (03) Number of rape victims involved in at least one alleged violation of Penal Code Sections 261, 261.5, 262, 288a, or 289 for the fiscal year of claim. | | | | | | |
| Direct Costs | | Object Accounts | | | | |
| (04) Reimbursable Activities | | (a) | (b) | (c) | (d) | (e) |
| | | Salaries | Benefits | Materials and Supplies | Contract Services | Total |
| 1. One-Time Costs | | | | | | |
| a. Update policies and procedures | | | | | | |
| b. Modify existing record-keeping systems | | | | | | |
| 2. Ongoing Costs | | | | | | |
| a. Reprint Victims of Domestic Violence (VDV) Cards | | | | | | |
| b. Law Enforcement Officer's and Support Cost (From Form 2.1) | | | | | | |
| (05) Total Direct Costs | | | | | | |
| Indirect Costs | | | | | | |
| (06) Indirect Cost Rate [From ICRP or 10%] | | | | | % | |
| (07) Total Indirect Costs [Refer to Claim Summary Instructions] | | | | | | |
| (08) Total Direct and Indirect Costs [Line (05)(e) + line (07)] | | | | | | |
| Cost Reduction | | | | | | |
| (09) Less: Offsetting Revenues | | | | | | |
| (10) Less: Other Reimbursements | | | | | | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | | | | | | |

| | | |
|------------------------------|---|-------------------------|
| PROGRAM 127 | RAPE VICTIM COUNSELING CENTER NOTICES CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|------------------------------|---|-------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Enter the number of rape victims who were involved in at least one alleged violation of Penal Code Sections 261, 261.5, 262, 288a, or 289 for the fiscal year of claim.
- (04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (g), to Form 1, block (04), columns (a) through (d), in the appropriate row. Total each row.
- (05) Enter the sum of columns (04)(a) through (04)(e).
- (06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.
- (07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget OMB Circular A-87 (Title 2 CFR Part 225). If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Enter the sum of Total Direct Costs, line (05)(e), and Total Indirect Costs, line (07).
- (09) If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.
- (10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) for the Reimbursement Claim.

PROGRAM
127

**RAPE VICTIMS COUNSELING CENTER NOTICE
ACTIVITY COST DETAIL**

FORM
2

| | |
|---------------|---------------------------------|
| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---------------|---------------------------------|

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

1. One-Time Costs

- ☐ a. Update policies and procedures
- ☐ b. Modify existing record-keeping systems

2. Ongoing Costs

- ☐ a. Reprint Victims of Domestic Violence (VDV) Cards
- ☐ b. Law Enforcement Officer's and Support Cost (from Form 2.1)

(04) Description of Expenses

Object Accounts

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services |
|---|---------------------------------------|---------------------------------------|-----------------|-----------------|-------------------------------------|-----------------------------|
| | | | | | | |
| (05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ___ of ___ | | | | | | |

PROGRAM
127

RAPE VICTIM COUNSELING CENTER NOTICES
ACTIVITY COST DETAIL
INSTRUCTIONS

FORM
2

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.
- (04) The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, materials and supplies used, and contract expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

| Object/ Sub object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---------------------------------------|--|-----------------|---|--|--|---|--|-----|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| Salaries | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| Benefits | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate x Salaries | | | | |
| Materials and Supplies | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost x Quantity Used | | | |
| Contract Services | Name of Contractor Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | | Cost = Hourly Rate x Hours Worked | | Copy of Contract and Invoices |

- (05) Total line (04), columns (d) through (g) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (g) to Form 1, block (04), columns (a) through (d) in the appropriate row.

| | | | | | | |
|---|---|---|---------------------------------|----------------------------|---------------------------|--|
| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE ACTIVITY COST DETAIL | | | | FORM 2.1 | |
| (01) Claimant | | | (02) Fiscal Year 20__ / 20__ | | | |
| (03) Reimbursable Activity: Ongoing Costs: Rape victims involved in at least one alleged violation of Penal Code Sections 261, 261.5, 262, 288a, or 289 for the claim year. | | | | | | |
| (04) Description of Expenses: Complete columns (a) through (f). | | | | | Object Accounts | |
| (a) Standard Time (Hour/Victim) | (b) Number of Victims | (c) Total Time (Hours) (a x b) | (d) Hourly Rate | (e) Salaries (c x d) | (f) Fringe Benefits | |
| Road Officers (10 min/victim) 0.166 Hours List job classification(s) 1. 2. 3. * Total Cases | | | | | | |
| Clericals (4 min/victim) 0.066 Hours 1. 2. 3. * Total Cases | | | | | | |
| Dispatchers (2 min/victim) 0.033 Hours 1. 2. 3. * Total Cases | | | | | | |
| * Total victims not to exceed Form-1, line (03) | | | | | | |
| (05) Total <input type="text"/> Subtotal <input type="text"/> Page: ____ of ____ | | | | | | |

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| PROGRAM 127 | RAPE VICTIM COUNSELING CENTER NOTICES ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2.1 |
|------------------------------|--|---------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) No action required.
- (04) Complete columns (a) through (f)
- Column (a): Road officers, clerical, and dispatchers must be listed by job classification(s). Road officers are allowed ten minutes or 0.166 hours per victim for time related to the state mandate.
- Clericals are allocated four minutes or 0.066 hours per victim for time related to recording, filing, and/or data processing.
- Dispatchers are allowed two minutes or 0.033 hours per victim for time related to notification of the local rape victim counseling center by the hospital.
- Column (b): Enter the number of victims assisted by employees at each job classification.
- Column (c): Enter the result of multiplying the standard time by the number of victims to compute the time in hours.
- Column (d): Enter the hourly rate by job classification.
- Column (e): Enter the result of multiplying the total time in hours by the hourly rate to compute the amount of total salaries.
- Column (f): Enter the result of multiplying the fringe benefit rate by total salaries to compute the amount of fringe benefits.
- (05) Total line (04), columns (e) and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter the totals from line (05), columns (e) and (f) to Form 1, line (04)(B)(2) columns (a) and (b).